

# STATE WELL REPORT

170

County: Quitman  
 Permit #: GW-5115  
 Driller: Chris Snoddy  
 Date drilling completed: 6-17-20

**Part I**  
**Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225-2309  
 (601)961-5555  
 (601)961-5228 (fax)

**For Office Use Only:**

Well #: A 112  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Haize Land Co.</u>	Latitude: <u>34.451119</u> Longitude: <u>-90.251161</u>
Mailing Address: <u>PO Box 85</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad <input checked="" type="checkbox"/> Hand-held GPS _____ Survey-grade GPS _____
<u>Sledge</u> MS <u>38670</u>	<u>NE 1/4 NE 1/4, Sec 28 T 7S R 10W</u>
City State Zip Code	<u>2</u> Miles <u>West</u> of <u>Sledge, MS</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 6-17-20 Date drilling completed: 6-17-20 Hole depth: 110 Hole diameter: 18

Location of the source of any surface water used for drilling: Groundwater well 1/2 mile North

Method of dosing and volume of Chlorine used in drilling and development: 8 gallons bleach added to every truckload

Logs run (check all applicable):  Log run  Electric  Gamma Ray  Density  Sonic  Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well   Geotechnical/Geological Investigation  Ground Source Heat Pump  
 Seismic Survey Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (check all applicable):  Home  Industrial  Public Supply  Irrigation  Fish Culture  
 Other (describe): \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 25 feet  above or  below land surface Date measured: 6-29-20  
(check one)

Method of measurement (check one)  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

Well depth: 110 Well grouted to a depth of: 10 feet Type of grout (check one)  Neat Cement  Bentonite  Mix

Casing length: 95 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .012 inches Setting depth: From 65-70/51-53 feet to 103 feet

Type of completion (check all applicable):  Gravel packed  Underreamed  Open hole  Natural Development  
 Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

*If telescoped or more than one screen, describe on next page*

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# STATE WELL REPORT

## Part 2

### Pump Installer's Completion Report

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601) 360-0535 (fax)

**For Office Use Only:**

Well #: A. 112  
Aquifer: \_\_\_\_\_

County: Quitman  
Permit #: GW-5115  
Driller: Chris Shackley  
Date completed: 6-29-20  
*Copy information from block on Part 1*

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Howze Land Co.</u>	Latitude: <u>34.45119</u> Longitude: <u>-90.251161</u>
Mailing Address: <u>PO Box 85</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad <input checked="" type="checkbox"/> Hand-held GPS _____ Survey-grade GPS _____
<u>Sledge</u> MS <u>38670</u>	<u>NE 1/4 NE 1/4 Sec 28 T 7S R 10W</u>
City _____ State _____ Zip Code _____	<u>2</u> Miles <u>West</u> of <u>Sledge MS</u>
Telephone No. _____	(Distance) (Direction) (Nearest Town)

**Pump Type (check one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: 6-29-20 Rated Pump Capacity: 1600 Gallons Per Minute

Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 80 Setting Depth: 80 feet Number of Stages: 3

**Pump Test Data for Non Flowing Well**

Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface

Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute

Method of measurement (check one): Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

Is This Meter (check one):  New  Repaired  Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Chris Shackley 2561 8-1-20 \_\_\_\_\_  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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STATE OF MISSISSIPPI

Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 2309

Jackson, Mississippi 39225

PERMIT TO DIVERT OR WITHDRAW FOR BENEFICIAL USE THE PUBLIC WATERS

This permit is issued to the landowner named below in accordance with the provisions of the Mississippi Water Laws, Mississippi Code Sections 51-3-1, et seq. (1972, as amended), and the regulations and standards as promulgated thereunder. Whether or not specifically named in this permit or in the applications for this permit, anyone using water from the diversion/withdrawal point described below shall do so in compliance with the provisions of this permit. Neither this permit, nor any authority conferred hereby, may be sold, conveyed, encumbered, assigned or otherwise aliened, for any period of time or under any conditions whatsoever. This permit may not be modified, transferred, or revoked without prior action by the Permit Board. Any attempt to modify, transfer or revoke this permit, or to take any other action on this permit, shall be invalid and unenforceable and may result in immediate revocation or suspension of this permit. The holder of this permit shall at all times be responsible for adherence to the terms and conditions of this permit. No agreement between the permit holder and any other party shall affect the obligations and liabilities of the permit holder. Water use under this permit is allowed only when the streamflow or lake level elevation (whichever, if any, is applicable) is above the established minimum, pursuant to Mississippi Code Section 51-3-7. Authorization is hereby granted to divert/withdraw water for the beneficial use designated herein, and for no other purpose, subject to the following terms, conditions, and limitations:

Permit Number: MS-GW-51115 Total Permitted Acreage: 80

Landowner Name: HOWZE LAND COMPANY LLC
Landowner Address: PO BOX 85
SHARON FORTNER
SLEDGE, MS 38670

Source of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use(s): IRRIGATION

Diversion/Withdrawal Location: NE 1/4 of the NE 1/4 Section: 28 Township: 07S Range: 10W

County: QUEZMAN Quad: FALCON

Permitted Acreage: Irrigation: 80 Fish Culture: 0 Wildlife Management: 0

Maximum Volume: See Special Terms And Conditions (attachment 1)

Applicant Name: HOWZE LAND COMPANY LLC
Applicant Address: PO BOX 85
SHARON FORTNER
SLEDGE, MS 38670

Date Permit Issued: 05-13-2020

Date Permit Expires: 05-13-2025

Date Permit Modified:

Date Permit Reissued:

This permit shall be deemed null and void if construction has not begun within one (1) year of the permit issue date.

SPECIAL TERMS AND CONDITIONS 1

The permitted water volume must be reduced by the amount of water applied to the same acreage from other permitted points: MS-SW-03605, MS-GW-08973

SPECIAL TERMS AND CONDITIONS 2

See Attachment I which is hereby declared part of this permit.

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Handwritten signature: Kay White